<b>5</b> 11	ett om en state en
County District or Township	E BOARD OF HEALTH F VITAL STATISTICS ERTIFICATE OF BIRTH State or Village.
	occurred in a hospital or institution, give its NAME instead of street and number)  C
2. Full name of child Alviu Monde  3. Sex of Child To be answered ONLY in event of plural births.  8. FATHER Full name Lorge M. Collaum  9. Residence	O Total There And I de a
9. Residence (Usual place of abode)  If non-resident, give place and state.  10. Color or race	15. Residence (Usual place of abode)  If non-resident, give place and state,  16. Color or race
12. Birthplace (city or place). McCullough Co (State or country)	P    O   0
13. Occupation Nature of industry  20. Number of children of this mother	19. Occupation Nature of industry Acuseurfe
(Taken as of time of birth of child herein (b) Born alive a (c) Stillborn  CERTIFICATE OF ATTEMBINE I hereby certify that I attended the birth of this child who was	thalmia neonaterum?
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Born alive or sillborn.)  Physican
a supplemental report Month, day, year Address Registrar Filed	Hote anyona (Physician or midwife).
144-52	Registrar